



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

This application packet contains the following information:

- ☐ Application Form and Attachments
- ☐ WAC 480-15 – Rules Relating to Household Goods Carriers
- ☐ “Your Guide to a Satisfactory Safety Rating”

You must have a permit from the commission before operating as a household goods moving (HHG) company in Washington State. You must also obtain a USDOT number before your HHG permit can be issued.

Insurance Requirements

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. You must also file a copy of your cargo insurance for each vehicle you operate. You must also keep proof of coverage at your main office and have it available for inspection by commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) AND \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) AND \$20,000 cargo insurance

Commission Contacts:

You may contact our Licensing Services staff for assistance at 360-664-1222. The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

**Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, Washington 98504-7250**

If paying by credit card, you may fax your application to: 360-586-1181

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT															
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Amex <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa															
Amount: _____												Expiration Date: _____			
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.															
Name (printed): _____ Company Name: _____															
Cardholder's Signature: _____ Date: _____															
FOR OFFICIAL USE ONLY															
Date Filed:				DOL/SOS:				ID:				Permit Issued: THG-			
Staff Assigned:				Insurance:				Inspection:				Docket #			
Reception #: 111-0268-207-02 _____ 111-0268-207-01 _____ 111-0268-013-20 _____															

BUSINESS INFORMATION

Name of Applicant _____
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address _____

Mailing Address _____

Telephone Number () _____ Fax Number () _____

UBI #: _____ Email: _____

USDOT #: _____ (If you currently don't have one, you can go online at
www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
☐ No ☐ Yes L & I Account No. _____ (required if you have employees.)

Have you registered with the Employment Security Department? ☐ No ☐ Yes
ESD No. _____ (required if you have employees)

Have you registered your business with the Department of Revenue? ☐ No ☐ Yes

TYPE OF BUSINESS STRUCTURE

☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____
(LP, LLP, LLC)

List the name, title and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

Choose one of the following for the territory in which you wish to operate:

- ☐ All counties in the State of Washington
- ☐ The following named counties only:_____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Briefly describe your experience in the transportation/household goods moving industry:

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

☐ No ☐ Yes If yes, please indicate your permit number_____

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? ☐ No ☐ Yes If yes, please explain _____

Do you currently operate interstate? ☐ No ☐ Yes If yes, please indicate your MC#_____ and USDOT#_____

Do you operate interstate as an agent of another company? ☐ No ☐ Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? ☐ No ☐ Yes If yes, please explain:_____

Have you ever been convicted of a crime? ☐ No ☐ Yes If yes, please explain:

Have you been cited for violation of state laws or Commission rules? ☐ No ☐ Yes If yes, please explain:_____

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication “Your Guide to Achieving a Satisfactory Safety Rating” for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVER’S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

Position:

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name:

Position:

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name:

Position

DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Print name of applicant

Signature of Applicant

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):

Phone Number:

Do you currently need the services of a residential household goods moving company?

☐ No ☐ Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?

☐ No ☐ Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

Date and Location

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following – please check one:

☐ Transfer ☐ Acquisition of Control

Current Name on Permit (Seller): _____

Current Trade Name on Permit (Seller) _____

Address (Seller) _____

HG Permit Number: _____ Phone Number (Seller) _____

Does the transfer of this permit fall under the provisions of WAC-480-15-335? ☐ No ☐ Yes
If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? ☐ No ☐ Yes

Has the closing annual report been filed with the commission? ☐ No ☐ Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? _____

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-_____ to the following:

Name of Buyer: _____

Trade Name of Buyer: _____

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Seller's Signature

Date and Location

Buyer's Signature

Date and Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-335

1. The commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
 - ☐ A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - ☐ A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - ☐ A sole proprietor has died and the interest is being transferred as property of the estate;
 - ☐ An individual has incorporated, and the same individual remains the majority shareholder;
 - ☐ An individual has added a partner, but the same individual remains the majority partner;
 - ☐ A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - ☐ A partnership has dissolved and the interest is being transferred to the majority partner;
 - ☐ A partnership has incorporated and the partners are the majority shareholders; or
 - ☐ Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box, above, must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason:
 - ☐ Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? ☐ No ☐ Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: _____

 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: _____

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit: _____

Current Trade Name on Permit: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

I request the name on household goods permit HG-_____ be changed to:

New Name: _____ UBI Number: _____

New Trade Name (if applicable): _____

Address (if changed) _____

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Signature and Title of Applicant

Date and Location

ATTACHMENT E

SUPPORT FOR EMERGENCY TEMPORARY AUTHORITY (WAC 480-15-270)

The Commission may approve Emergency Temporary Authority (ETA) for a specific move or for a period of time (not more than 30 days) when it is necessary to meet a customer's immediate and urgent need for service due to an emergency situation. An immediate and urgent need may consist of unavailability of an existing household goods carrier; a request for special service or equipment that is not available from an existing household goods carrier; natural disasters such as a flood, volcano eruption, forest fire, or earthquake. An approved ETA will be immediately cancelled if the commission determines that no true emergency exists.

An application for ETA must be accompanied by a sworn statement from the customer needing the service. The customer must complete the following:

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name _____

Address _____

Telephone Number () _____ Fax Number () _____

Describe your immediate and urgent need for service: _____

What date(s) do you need the service? _____

What do you need transported? _____

Where do you need it transported from? _____ to? _____

List the permitted moving companies you have contacted?

Name _____ Phone Number () _____

Explain why they are not able to provide you service: _____

Name _____ Phone Number () _____

Explain why they are not able to provide you service: _____

Name _____ Phone Number () _____

Explain why they are not able to provide you service: _____

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this statement is true and correct.

Print name

Signature

Date and Location